| PETI  | TION FOR EXTENSION OF TIME UND  | 36(a) Docke<br>89005     | Docket Number<br>890057.408C5 |                            |  |  |  |  |
|---|---|--------------------------|-------------------------------|----------------------------|--|--|--|--|
|   | FY 2005   |                          |                               |                            |  |  |  |  |
|   | ees pursuant to the Consolidated Appropriation  | ons Act, 2005 (H.R.      |                               |                            |  |  |  |  |
| Applic  | ation Number 09/907,008   |                          | Filed                         | July 16, 2001              |  |  |  |  |
|   | HEMATIC RESPONSE TO A COMPUTER CONAL COMPUTER   | USER'S CONTEX            | KT, SUCH AS BY A              | A WEARABLE                 |  |  |  |  |
| Art Ur<br>2173  | nit   |                          | Examiner<br>Tadesse Hailu     |                            |  |  |  |  |
|   | is is a request under the provisions of 37 CF<br>oly in the above identified application.               | FR 1.136(a) to ext       | end the period for t          | îling a                    |  |  |  |  |
| Th  | e requested extension and fee are as follow<br>be below):   | s (check time per        | iod desired and en            | ter the appropriate        |  |  |  |  |
|   | ,   | <u>Fee</u>               | Small Entity Fe               | <u>ee</u>                  |  |  |  |  |
| [   | One month (37 CFR 1.17(a)(1))   | \$120                    | \$60                          | \$                         |  |  |  |  |
| ſ   | Two months (37 CFR 1.17(a)(2))  | \$450                    | \$225                         | \$                         |  |  |  |  |
| 5   | Three months (37 CFR 1.17(a)(3))  | \$1020                   | \$510                         | \$ <u>510</u>              |  |  |  |  |
| -   | Four months (37 CFR 1.17(a)(4))   | \$1590                   | \$795                         | \$                         |  |  |  |  |
| [   | Five months (37 CFR 1.17(a)(5))   | \$2160                   | \$1080                        | \$                         |  |  |  |  |
|   | Applicant claims small entity status. See 3   | 7 CFR 1.27.              |                               |                            |  |  |  |  |
| A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached. |   |                          |                               |                            |  |  |  |  |
|   |   |                          |                               |                            |  |  |  |  |
| П   | The Director is hereby authorized to charge   | e any fees which n       | nay be required               |                            |  |  |  |  |
| _   | or credit any overpayment, to Deposit Ac  | •                        | •                             | osed a                     |  |  |  |  |
|   | duplicate copy of this sheet.   |                          |                               |                            |  |  |  |  |
|   | WARNING: Information on this form may becincluded on this form. Provide credit card inf                 |                          |                               |                            |  |  |  |  |
| l ar  | n the [] applicant/inventor.  |                          |                               |                            |  |  |  |  |
|   | assignee of record of the entire inte   | rest. See 37 CFR         | 3.71                          |                            |  |  |  |  |
|   | Statement under 37 CFR 3.73(b)  | is enclosed (Forr        | n PTO/SB/96).                 |                            |  |  |  |  |
|   | 🛚 attorney or agent of record. Registr  | ration No. <u>43,985</u> |                               |                            |  |  |  |  |
|   | attorney or agent under 37 CFR 1.3  | 4.                       |                               |                            |  |  |  |  |
|   | Registration number if acting unde  | r 37 CFR 1.34            | _·                            |                            |  |  |  |  |
|   |   |                          | _                             |                            |  |  |  |  |
|   |   |                          | Decem                         | ber 5, 2005                |  |  |  |  |
|   | Signature   |                          | Dat                           | е                          |  |  |  |  |
|   | James A. D. White   |                          | 206-622                       |                            |  |  |  |  |
|   | Typed or printed name   |                          | Telephone Nu                  |                            |  |  |  |  |
|   | Signatures of all the inventors or assignees of re<br>multiple forms if more than one signature is requ |                          | terest or their represe       | entative(s) are required.  |  |  |  |  |
|   | Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22  |                          | C:\NrPortbl\iManage\JAN       | ISA\720855_1.DOC [04-1801] |  |  |  |  |

12/06/2005 CCHAU1 00000119 09907008

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EXPRESS MAIL NO. EV530951649US

| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).  |                |                       |                                   |                         | Complete if Known                      |                                       |              |                   |  |  |  |  |
|---|----------------|-----------------------|-----------------------------------|-------------------------|--|---------------------------------------|--------------|-------------------|--|--|--|--|
|   | Application    | Application Number    |                                   | 09/907,008              |  |                                       |              |                   |  |  |  |  |
| FEE 1   | Filing Date    |                       |                                   | July 16, 2001           |  |                                       |              |                   |  |  |  |  |
| f   |                | First Named Inventor  |                                   | Kenneth H. Abbotto I P  |  |                                       |              |                   |  |  |  |  |
|   |                | Examiner Name Tadesse |                                   |                         | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                                       |              |                   |  |  |  |  |
| Applicant claims sr   |                |                       |                                   | Art Unit                |  | 2173                                  | 1 OFF        | 0 6 7005          |  |  |  |  |
| TOTAL AMOUNT OF   |                | (\$)1,635             | <u> </u>                          | Attorney Do             | cket No.                               | 890057.408                            | Ca Dec       | , 0 5 2003<br>/u/ |  |  |  |  |
| METHOD OF PAYME   | <del></del>    |                       |                                   |                         |  | 133                                   |              |                   |  |  |  |  |
| Check Credit Card Money Order Other (please identify):  |                |                       |                                   |                         |  |                                       |              |                   |  |  |  |  |
| Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC  |                |                       |                                   |                         |  |                                       |              |                   |  |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                |                       |                                   |                         |  |                                       |              |                   |  |  |  |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                |                       |                                   |                         |  |                                       |              |                   |  |  |  |  |
| ☐ Charge any additional fee(s) or underpayments ☐ Charge any underpayments or credit any overpayments   |                |                       |                                   |                         |  |                                       |              |                   |  |  |  |  |
| of fee(s) under 37 CFR 1.16 and 1.17  |                |                       |                                   |                         |  |                                       |              |                   |  |  |  |  |
| <b>Warning:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                |                       |                                   |                         |  |                                       |              |                   |  |  |  |  |
| FEE CALCULATION   |                |                       |                                   |                         |  | · · · · · · · · · · · · · · · · · · · |              |                   |  |  |  |  |
| 1. BASIC FILING, SE   | EARCH, AN      | D EXAMINAT            | ION FEES                          |                         |  |                                       |              |                   |  |  |  |  |
|   | CH FEES        |                       | INATION                           |                         |  |                                       |              |                   |  |  |  |  |
|   | 1 ILIIVO       | FEES                  | QLAI                              | OTT EEO                 | FI                                     | EES                                   |              |                   |  |  |  |  |
|   |                | Small Entit           | ty                                | Small Entity            |  | <u>Small</u><br>Entity                |              |                   |  |  |  |  |
| Application Type  | Eac (\$)       | E00 (\$)              | E00 (\$)                          | Fee (\$)                | Fee (\$)                               | Fee (\$)                              | For          | es Paid (\$)      |  |  |  |  |
| Application Type  | Fee (\$)       | Fee (\$)              | Fee (\$)                          |                         | 200                                    |                                       | 1 60         | ss r alu (ψ)      |  |  |  |  |
| Utility   | 300            | 150                   | 500                               | 250                     |  | 100                                   |              |                   |  |  |  |  |
| Design  | 200            | 100                   | 100                               | 50                      | 130                                    | 65                                    |              |                   |  |  |  |  |
| Provisional   | 200            | 100                   | 0                                 | 0                       | 0                                      | 0                                     |              |                   |  |  |  |  |
| 2. EXCESS CLAIM F   | EES            |                       |                                   |                         |  |                                       | F - (A)      | Small Entity      |  |  |  |  |
| Fee Description   |                |                       |                                   |                         |  | <u>!</u>                              | Fee (\$)     | Fee (\$)          |  |  |  |  |
| Each claim over 20 (inc   | _              | -                     |                                   |                         | 50                                     | 25                                    |              |                   |  |  |  |  |
| Each independent clair  | •              | uding Reissue         | S)                                |                         |  |                                       | 200          | 100               |  |  |  |  |
| Multiple dependent clai   | ims            |                       |                                   |                         |  |                                       | 360          | 180               |  |  |  |  |
| Total Claims  | Extra Cla      | <u>aims</u>           | <u>Fee (\$)</u>                   | Fee Paid                | <u>(\$)</u>                            | Multiple Depende                      |              |                   |  |  |  |  |
| 116 -20 or HP =   |                | X                     | <u>25</u>                         | = <u>1,125</u>          |  | <u>Fee (\$)</u>                       | E            | ee Paid (\$)      |  |  |  |  |
| HP = highest number   | of total clain | ns paid for, if o     | greater than 2                    | 20                      |  |                                       |              |                   |  |  |  |  |
| Indep. Claims   | Extra Cla      | <u>aims</u>           | Fee (\$)                          | Fee Paid                | <u>(\$)</u>                            |                                       |              |                   |  |  |  |  |
| $\underline{7}$ -3 or HP =  | <u>0</u>       | X                     | <u>100</u>                        | = <u>0</u>              |  |                                       |              |                   |  |  |  |  |
| HP = highest number   | of independ    | ent claims pai        | d for, if great                   | er than 3               |  |                                       |              |                   |  |  |  |  |
| 3. APPLICATION SIZ  | ZE FEE         |                       |                                   |                         |  |                                       |              |                   |  |  |  |  |
| If the specification and  |                |                       |                                   |                         |  |                                       |              |                   |  |  |  |  |
| under 37 CFR 1.52(e) thereof. See 35 U.S.0  |                |                       |                                   | \$125 for small e       | ntity) for ea                          | ch additional (                       | 50 sheets    | s or fraction     |  |  |  |  |
| Total Sheets  | Extra She      |                       |                                   | additional 50 c         | or fraction                            | thereof Fe                            | e (\$)       | Fee Paid (\$)     |  |  |  |  |
| -100 =  | EXIIA SIIC     | /50 =                 |                                   | <b>up</b> to a whole no |  |                                       | <u>e (A)</u> | ree raid (4)      |  |  |  |  |
|   |                | /50                   | (round                            | up to a whole hi        | uniber)                                | х                                     | <del></del>  |                   |  |  |  |  |
| 4. OTHER FEE(S)   | l' 6400 f      |                       | 124 P.                            |                         |  |                                       | ]            | Fees Paid (\$)    |  |  |  |  |
| Non-English Specifica   |                | ee (no smaii e        | ntity discoun                     | ()                      |  |                                       |              |                   |  |  |  |  |
| Other (e.g., late filing surcharge):  |                |                       |                                   |                         |  |                                       |              |                   |  |  |  |  |
| 3 Mo. Extens  | sion of Time   |                       |                                   |                         |  |                                       |              | <u>510</u>        |  |  |  |  |
|   |                |                       |                                   | <del></del>             |  |                                       |              |                   |  |  |  |  |
| SUBMITTED BY  |                |                       |                                   |                         |  |                                       |              |                   |  |  |  |  |
|   |                |                       | egistration No.<br>ttorney/Agent) | 43,985                  | Telephone                              | 206-62                                | 2-4900       |                   |  |  |  |  |
| Name (Print/Type)   | Izmes A D      | White                 | 1.17                              |                         |  | Date                                  | Decem        | her 5, 2005       |  |  |  |  |